



CHEMICAL ANALYSIS REQUEST FORM

FORM 5049-2
CLIENT INFORMATION

3233 E. Chestnut Expwy.
Springfield, MO 65802
Phone 417-829-3724 Fax 417-829-3787
www.chestnutlabs.com

Date Sent _____ Number of Samples Shipped _____ Sample Matrix/Type _____

Samples Submitted By (Customer) _____ Send Reports To _____

For Office Use Only
Initials: _____
Temp on Receipt: ____NA _____°C
Condition: ____Acceptable ____Unacceptable
Describe: _____
Storage Location: _____

SAMPLE INFORMATION

Please circle specifications under test or write appropriate method in box. Please list only one individual sample or composite group per line.

Product Number Description	Lot #	Batch #	Fat	Moisture	Salt	pH	Total Protein	Casein Determination	Non-Protein Nitrogen	Water Activity	Extraneous Matter	WPN	Titratable Acidity as %	Ash	Scorched Particles	Solids	D/L Lactic Acid	Free Fatty Acids	Solubility	Total Sugar	Alkalinity of Ash	Bulk Density	Lactose/Galactose	Other	Other	
			Mojonnier																							
			Babcock																							
			Acid Hydrolysis																							
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Special Instructions/Methods: _____

